U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20810

FORM LM-30 LABOR ORGANIZATION OFFICER AND . EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report smandatory under P.L. 86-257, as amenced Failure to comply may result in criminal prosecution, fines ar civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

1. File Number U - 13.377

Ε

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/2004 Through: 12/31/2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name William P TAMEY	Name I 135W LOCAL 118 Labor Organization File Number 041-126	
	Labor Organization Title Northber 5 47 - 7 20	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3500 Marlin Aue	Street 1330 Conway STract	
City ST. Paul	City ST. Perul	
State MN ZIP Code + 4 55/27	State MIN ZIP Code + 4 55106	
5. Position in labor organization. Business Representative		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name St. Paul Chapter N.E.CA	Business Lunch Dinner	
Trade Name, if any:	to discuss Electrical	
P.O. Box, Bldg., Room No., if any	Indistry matter	
Street 38 & Lastayette ?!	T.U. AUTOURI.	
city St. Paul	\$12300	
State MN ZIP Code + 4 5510 7		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

On 8-15-08 651-484-7023

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

norm approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING "HIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:	
 	01/01/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard J. Vitelli	Name IBE LUCAL UNIONITO	
	Labor Organization File Number 041-126	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 423 MAINZEN ST.	Street 1330 CONWAY STREET	
City West ST. PAUL MN	city St Revel	
State MN ZIP Code + 4 5 5 1 1 8	State Mr ZIP Code + 4 55/06	
5. Position in labor organization. BUSINESS Man / FINANCE & Secretary		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name St. Paul Chapter NECA	BusiNess Lunches To discuss	
Trade Name, if any:	Electrical INDUSTRY ISSUES	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street 380 E Lofayette Rd		
City St. Paul	\$34600	
State MN ZIP Code + 4 55/07		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Ruhand Witesley	on 8-15-05 651-457-8316	
	Date Telephone Number	

On 8-15-05 651-457-8316
Telephone Number